

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0160		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 10:54

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 INDIANA ORTHOPAEDIC HOSPITAL, LLC 15-0160
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 5/27/2009 TIME 10:54

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

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 DATE: 5/27/2009 TIME 10:54

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-278,321	56,749	0	
100	TOTAL	0	-278,321	56,749	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/17/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	13,919,971		13,919,971	470,174.85	29.61	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	658,075		658,075	13,779.00	47.76	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,638,558		3,638,558			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	161,884		161,884	6,977.50	23.20	
22 ADMINISTRATIVE & GENERAL	2,404,945		2,404,945	86,820.34	27.70	
22.01 A & G UNDER CONTRACT	29,167		29,167	1,419.00	20.55	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY	157,482		157,482	9,823.84	16.03	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	495,576		495,576	14,075.19	35.21	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	13,949,138		13,949,138	471,593.85	29.58	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	13,949,138		13,949,138	471,593.85	29.58	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	658,075		658,075	13,779.00	47.76	
5 SUBTOTAL WAGE-RELATED COSTS	3,638,558		3,638,558		26.08	
6 TOTAL	18,245,771		18,245,771	485,372.85	37.59	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,249,054		3,249,054	119,115.87	27.28	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .390786
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-0160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/17/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		11,138,560	11,138,560	-1,892,196	9,246,364
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	161,884	3,932,421	4,094,305		4,094,305
6	0600 ADMINISTRATIVE & GENERAL	2,404,945	4,975,393	7,380,338	73,089	7,453,427
8	0800 OPERATION OF PLANT		70,237	70,237	1,735,858	1,806,095
11	1100 DIETARY		1,171,255	1,171,255	-973,055	198,200
12	1200 CAFETERIA				973,055	973,055
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	157,482	18,784	176,266		176,266
17	1700 MEDICAL RECORDS & LIBRARY	495,576	29,603	525,179		525,179
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,653,958	392,851	4,046,809		4,046,809
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,365,467	4,567,978	9,933,445	83,249	10,016,694
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	101,831	229,102	330,933		330,933
41	4100 RADIOLOGY-DIAGNOSTIC	333,869	460,380	794,249		794,249
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	223,295	516,049	739,344		739,344
50	5000 PHYSICAL THERAPY	953,572	103,847	1,057,419		1,057,419
51	5100 OCCUPATIONAL THERAPY	68,092	1,628	69,720		69,720
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,084,948	17,084,948		17,084,948
56	5600 DRUGS CHARGED TO PATIENTS		2,053,193	2,053,193		2,053,193
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	9500 SUBTOTALS	13,919,971	46,746,229	60,666,200	-0-	60,666,200
	NONREIMBURSABLE COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS		464,433	464,433		464,433
101	TOTAL	13,919,971	47,210,662	61,130,633	-0-	61,130,633

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/17/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	444,592	9,690,956
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	10,397	4,104,702
6	0600 ADMINISTRATIVE & GENERAL	-737,570	6,715,857
8	0800 OPERATION OF PLANT	83,317	1,889,412
11	1100 DIETARY	-272,934	-74,734
12	1200 CAFETERIA	-1,855	971,200
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY	2,498	178,764
17	1700 MEDICAL RECORDS & LIBRARY	-890	524,289
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	13,906	4,060,715
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	103,526	10,120,220
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	240	331,173
41	4100 RADIOLOGY-DIAGNOSTIC	-241,034	553,215
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	285	739,629
50	5000 PHYSICAL THERAPY	2,504	1,059,923
51	5100 OCCUPATIONAL THERAPY		69,720
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,316	17,146,264
56	5600 DRUGS CHARGED TO PATIENTS	22,820	2,076,013
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-508,882	60,157,318
	NONREIMBURSABLE COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	3,872,400	4,336,833
101	TOTAL	3,363,518	64,494,151

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0160
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/17/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/17/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12		973,055
2 A & G RECLASS	B	OPERATING ROOM	37		83,249
3 OPERATING ROOM RECLASS	C	ADMINISTRATIVE & GENERAL	6		73,089
4 PLANT OPERATIONS RECLASS	D	OPERATION OF PLANT	8		1,735,858
36 TOTAL RECLASSIFICATIONS					2,865,251

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/17/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 CAFETERIA RECLASS	A	DIETARY	11		973,055	
2 A & G RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		83,249	9
3 OPERATING ROOM RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		73,089	9
4 PLANT OPERATIONS RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,735,858	9
36 TOTAL RECLASSIFICATIONS					2,865,251	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150160

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 6/17/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	973,055	DIETARY	11	973,055	
TOTAL RECLASSIFICATIONS FOR CODE A			973,055				973,055

RECLASS CODE: B
EXPLANATION : A & G RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	83,249	NEW CAP REL COSTS-BLDG & FIXT	3	83,249	
TOTAL RECLASSIFICATIONS FOR CODE B			83,249				83,249

RECLASS CODE: C
EXPLANATION : OPERATING ROOM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	73,089	NEW CAP REL COSTS-BLDG & FIXT	3	73,089	
TOTAL RECLASSIFICATIONS FOR CODE C			73,089				73,089

RECLASS CODE: D
EXPLANATION : PLANT OPERATIONS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,735,858	NEW CAP REL COSTS-BLDG & FIXT	3	1,735,858	
TOTAL RECLASSIFICATIONS FOR CODE D			1,735,858				1,735,858

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	778,901					778,901	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	135,250					135,250	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	13,310,586	4,857,066		4,857,066		18,167,652	
7 SUBTOTAL	14,224,737	4,857,066		4,857,066		19,081,803	
8 RECONCILING ITEMS							
9 TOTAL	14,224,737	4,857,066		4,857,066		19,081,803	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	914,151		914,151	.047907				
4	NEW CAP REL COSTS-MV	18,167,652		18,167,652	.952093				
5	TOTAL	19,081,803		19,081,803	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	9,690,956						9,690,956
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,690,956						9,690,956

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	11,138,560						11,138,560
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,138,560						11,138,560

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-151,183	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-206	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,763,726			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-272,934	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,009	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DONATIONS	A	-3,945	ADMINISTRATIVE & GENERAL	6	
38 MARKETING OFFSET	A	-327,619	ADMINISTRATIVE & GENERAL	6	
39 LOBBYING EXPENSE	A	-166,028	ADMINISTRATIVE & GENERAL	6	
40 NON-ALLOWABLE VALUATION EXPENSE	A	-30,779	ADMINISTRATIVE & GENERAL	6	
41 NON-ALLOWABLE DONATION EXPENSE	A	-3,945	ADMINISTRATIVE & GENERAL	6	
42 NON-ALLOWABLE SPONSERSHIP EXPENSE	A	-5,000	ADMINISTRATIVE & GENERAL	6	
43 NON-ALLOWABLE BAD DEBT	A	-517,603	ADMINISTRATIVE & GENERAL	6	
44 RADIOLOGY REVENUE	B	-247,632	RADIOLOGY-DIAGNOSTIC	41	
45 CPNB TRAINING REVENUE	B	-18,000	ADMINISTRATIVE & GENERAL	6	
46 MISC REVENUE	B	-8,450	ADMINISTRATIVE & GENERAL	6	
47 START UP COST	A	111,933	NEW CAP REL COSTS-BLDG &	3	9
48 START UP COST	A	10,397	EMPLOYEE BENEFITS	5	
49 START UP COST	A	19,996	ADMINISTRATIVE & GENERAL	6	
49.01 START UP COST	A	104	OPERATION OF PLANT	8	
49.02 START UP COST	A	2,704	CENTRAL SERVICES & SUPPLY	15	
49.03 START UP COST	A	119	MEDICAL RECORDS & LIBRARY	17	
49.04 START UP COST	A	13,906	ADULTS & PEDIATRICS	25	
49.05 START UP COST	A	103,526	OPERATING ROOM	37	
49.06 START UP COST	A	240	ANESTHESIOLOGY	40	
49.07 START UP COST	A	6,598	RADIOLOGY-DIAGNOSTIC	41	
49.08 START UP COST	A	285	LABORATORY	44	
49.09 START UP COST	A	2,504	PHYSICAL THERAPY	50	
49.10 START UP COST	A	61,316	MEDICAL SUPPLIES CHARGED	55	
49.11 START UP COST	A	22,820	DRUGS CHARGED TO PATIENTS	56	
49.12 START UP REVENUE	B	-468	ADMINISTRATIVE & GENERAL	6	
49.13 START UP REVEUNE	B	-1,855	CAFETERIA	12	
50 TOTAL (SUM OF LINES 1 THRU 49)		3,363,518			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	8	OPERATION OF PLANT	OIRE CRC	35,444		35,444	
2	6	ADMINISTRATIVE & GENERAL	OIRE A&G	5,782		5,782	
3	3	NEW CAP REL COSTS-BLDG &	OIRE PLANT OPS	116,279	201,220	-84,941	9
4	3	NEW CAP REL COSTS-BLDG &	OI CRC	568,783		568,783	9
4.01	6	ADMINISTRATIVE & GENERAL	OI A&G	318,489		318,489	
4.02	8	OPERATION OF PLANT	OI PLANT OPS	47,769		47,769	
4.03	6	ADMINISTRATIVE & GENERAL	OI CHARGEBACKS	5,297,079	5,297,079		
4.04	100	OTHER NONREIMBURSABLE COS	NRCC	3,872,400		3,872,400	
5		TOTALS		10,262,025	5,498,299	4,763,726	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	OI PRACTICE		0.00	0.00
2	C	OIRE		0.00	0.00
3	C	PRACTICE PLANT		0.00	0.00
4	C	OIH PLANT		0.00	0.00
5	C	IOSC		0.00	0.00

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/17/2009
 I 15-0160 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	9,690,956	9,690,956					
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	4,104,702			4,104,702			
008 ADMINISTRATIVE & GENERAL	6,715,857	456,497		717,511	7,889,865	7,889,865	
011 OPERATION OF PLANT	1,889,412	1,800,038			3,689,450	514,258	4,203,708
012 DIETARY	-74,734	148,909			74,175	10,339	84,199
013 CAFETERIA	971,200	246,384			1,217,584	169,714	139,315
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY	178,764	198,780		46,984	424,528	59,173	112,398
025 MEDICAL RECORDS & LIBRARY	524,289	30,876		147,854	703,019	97,991	17,459
035 INPAT ROUTINE SRVC CNTRS	4,060,715	2,365,423		1,090,151	7,516,289	1,047,665	1,337,501
037 ADULTS & PEDIATRICS							
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	10,120,220	3,253,013		1,600,781	14,974,014	2,087,168	1,839,378
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROOM							
043 ANESTHESIOLOGY	331,173			30,381	361,554	50,396	
044 RADIOLOGY-DIAGNOSTIC	553,215	527,942		99,609	1,180,766	164,582	298,519
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	739,629	121,550		66,620	927,799	129,322	68,729
050 PHYSICAL THERAPY	1,059,923	440,317		284,496	1,784,736	248,767	248,972
051 OCCUPATIONAL THERAPY	69,720			20,315	90,035	12,550	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	17,146,264				17,146,264	2,389,969	
056 DRUGS CHARGED TO PATIENTS	2,076,013	101,227			2,177,240	303,477	57,238
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
097 SUBTOTALS	60,157,318	9,690,956		4,104,702	60,157,318	7,285,371	4,203,708
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP							
100 RESEARCH							
101 PHYSICIANS' PRIVATE OFFICE							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE COS	4,336,833				4,336,833	604,494	
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	64,494,151	9,690,956		4,104,702	64,494,151	7,889,865	4,203,708

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	11	12	13	14	15	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
011 OPERATION OF PLANT							
012 DIETARY	168,713						
013 CAFETERIA		1,526,613					
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		40,341			636,440		
025 MEDICAL RECORDS & LIBRARY		57,798				876,267	
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	168,713	469,649				44,530	10,584,347
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		765,833				454,839	20,121,232
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		13,091				25,626	450,667
044 RADIOLOGY-DIAGNOSTIC		37,413				37,060	1,718,340
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY						13,300	1,139,150
050 PHYSICAL THERAPY		133,889				27,514	2,443,878
051 OCCUPATIONAL THERAPY		8,599				1,944	113,128
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						225,755	19,761,988
056 DRUGS CHARGED TO PATIENTS					636,440	45,699	3,220,094
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
097 SUBTOTALS	168,713	1,526,613			636,440	876,267	59,552,824
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP							
100 RESEARCH							
101 PHYSICIANS' PRIVATE OFFIC							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE COS							4,941,327
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	168,713	1,526,613			636,440	876,267	64,494,151

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
003 GENERAL SERVICE COST CNTR		27
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
011 OPERATION OF PLANT		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
017 CENTRAL SERVICES & SUPPLY		
025 MEDICAL RECORDS & LIBRARY		
035 INPAT ROUTINE SRVC CNTRS		10,584,347
037 ADULTS & PEDIATRICS		
038 NURSING FACILITY		
039 ANCILLARY SRVC COST CNTRS		20,121,232
040 OPERATING ROOM		
041 RECOVERY ROOM		
042 DELIVERY ROOM & LABOR ROO		450,667
043 ANESTHESIOLOGY		1,718,340
044 RADIOLOGY-DIAGNOSTIC		
050 RADIOLOGY-THERAPEUTIC		
051 RADIOISOTOPE		
052 LABORATORY		1,139,150
053 PHYSICAL THERAPY		2,443,878
055 OCCUPATIONAL THERAPY		113,128
056 SPEECH PATHOLOGY		
057 ELECTROCARDIOLOGY		
058 ELECTROENCEPHALOGRAPHY		
062 MEDICAL SUPPLIES CHARGED		19,761,988
095 DRUGS CHARGED TO PATIENTS		3,220,094
096 RENAL DIALYSIS		
097 ASC (NON-DISTINCT PART)		
098 OUTPAT SERVICE COST CNTRS		
099 OBSERVATION BEDS (NON-DIS		
100 SPEC PURPOSE COST CENTERS		59,552,824
101 SUBTOTALS		
102 NONREIMBURS COST CENTERS		
103 GIFT, FLOWER, COFFEE SHOP		
RESEARCH		
PHYSICIANS' PRIVATE OFFIC		
NONPAID WORKERS		
OTHER NONREIMBURSABLE COS		4,941,327
CROSS FOOT ADJUSTMENT		
NEGATIVE COST CENTER		
TOTAL		64,494,151

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		456,497		456,497		456,497	
011 OPERATION OF PLANT		1,800,038		1,800,038		29,755	1,829,793
012 DIETARY		148,909		148,909		598	36,650
013 CAFETERIA		246,384		246,384		9,820	60,641
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		198,780		198,780		3,424	48,925
025 MEDICAL RECORDS & LIBRARY		30,876		30,876		5,670	7,599
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		2,365,423		2,365,423		60,619	582,189
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		3,253,013		3,253,013		120,765	800,646
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY						2,916	
044 RADIOLOGY-DIAGNOSTIC		527,942		527,942		9,523	129,940
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY		121,550		121,550		7,483	29,916
048 PHYSICAL THERAPY		440,317		440,317		14,394	108,373
049 OCCUPATIONAL THERAPY						726	
050 SPEECH PATHOLOGY							
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED						138,268	
054 DRUGS CHARGED TO PATIENTS		101,227		101,227		17,559	24,914
055 RENAL DIALYSIS							
056 ASC (NON-DISTINCT PART)							
057 OUTPAT SERVICE COST CNTRS							
058 OBSERVATION BEDS (NON-DIS							
059 SPEC PURPOSE COST CENTERS							
062 SUBTOTALS		9,690,956		9,690,956		421,520	1,829,793
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS						34,977	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		9,690,956		9,690,956		456,497	1,829,793

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
011 OPERATION OF PLANT							
012 DIETARY	129,010						
013 CAFETERIA		316,845					
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
017 CENTRAL SERVICES & SUPPLY		8,373			259,502		
025 MEDICAL RECORDS & LIBRARY		11,996				56,141	
035 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	129,010	97,475				2,850	3,237,566
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		158,946				29,170	4,362,540
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		2,717				1,640	7,273
044 RADIOLOGY-DIAGNOSTIC		7,765				2,372	677,542
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY						851	159,800
050 PHYSICAL THERAPY		27,788				1,761	592,633
051 OCCUPATIONAL THERAPY		1,785				124	2,635
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						14,448	152,716
056 DRUGS CHARGED TO PATIENTS					259,502	2,925	406,127
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
097 SUBTOTALS	129,010	316,845			259,502	56,141	9,598,832
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP							
100 RESEARCH							
101 PHYSICIANS' PRIVATE OFFIC							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE COS							34,977
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER	57,147						57,147
106 TOTAL	186,157	316,845			259,502	56,141	9,690,956

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
011 OPERATION OF PLANT		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
017 CENTRAL SERVICES & SUPPLY		
025 MEDICAL RECORDS & LIBRARY		
035 INPAT ROUTINE SRVC CNTRS		3,237,566
037 ADULTS & PEDIATRICS		
038 NURSING FACILITY		
039 ANCILLARY SRVC COST CNTRS		4,362,540
040 OPERATING ROOM		
041 RECOVERY ROOM		
042 DELIVERY ROOM & LABOR ROO		7,273
043 ANESTHESIOLOGY		677,542
044 RADIOLOGY-DIAGNOSTIC		
050 RADIOLOGY-THERAPEUTIC		
051 RADIOISOTOPE		
052 LABORATORY		159,800
053 PHYSICAL THERAPY		592,633
054 OCCUPATIONAL THERAPY		2,635
055 SPEECH PATHOLOGY		
056 ELECTROCARDIOLOGY		
057 ELECTROENCEPHALOGRAPHY		
058 MEDICAL SUPPLIES CHARGED		152,716
062 DRUGS CHARGED TO PATIENTS		406,127
095 RENAL DIALYSIS		
ASC (NON-DISTINCT PART)		
062 OUTPAT SERVICE COST CNTRS		
OBSERVATION BEDS (NON-DIS		
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		9,598,832
NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE COS		34,977
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		57,147
103 TOTAL		9,690,956

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE OPERATION OF	
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	123,977					
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS			13,758,087			
008 ADMINISTRATIVE & GENE	5,840		2,404,945	-7,889,865	56,604,286	
011 OPERATION OF PLANT	23,028				3,689,450	95,109
012 DIETARY	1,905				74,175	1,905
013 CAFETERIA	3,152				1,217,584	3,152
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO						
017 CENTRAL SERVICES & SU	2,543		157,482		424,528	2,543
025 MEDICAL RECORDS & LIB	395		495,576		703,019	395
035 INPAT ROUTINE SRVC CN						
037 ADULTS & PEDIATRICS	30,261		3,653,958		7,516,289	30,261
038 NURSING FACILITY						
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM	41,616		5,365,467		14,974,014	41,616
041 RECOVERY ROOM						
042 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY			101,831		361,554	
041 RADIOLOGY-DIAGNOSTIC	6,754		333,869		1,180,766	6,754
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	1,555		223,295		927,799	1,555
050 PHYSICAL THERAPY	5,633		953,572		1,784,736	5,633
051 OCCUPATIONAL THERAPY			68,092		90,035	
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR					17,146,264	
056 DRUGS CHARGED TO PATI	1,295				2,177,240	1,295
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
062 OUTPAT SERVICE COST C						
095 OBSERVATION BEDS (NON						
096 SPEC PURPOSE COST CEN						
097 SUBTOTALS	123,977		13,758,087	-7,889,865	52,267,453	95,109
098 NONREIMBURS COST CENT						
099 GIFT, FLOWER, COFFEE						
100 RESEARCH						
101 PHYSICIANS' PRIVATE O						
102 NONPAID WORKERS					4,336,833	
103 OTHER NONREIMBURSABLE						
104 CROSS FOOT ADJUSTMENT						
105 NEGATIVE COST CENTER						
106 COST TO BE ALLOCATED	9,690,956		4,104,702		7,889,865	4,203,708
107 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	78.167370		.298348		.139386	44.198846
105 (WRKSHT B, PT I)						
106 COST TO BE ALLOCATED						
107 (WRKSHT B, PART II)						
104 UNIT COST MULTIPLIER						
105 (WRKSHT B, PT II)						
106 COST TO BE ALLOCATED					456,497	1,829,793
107 (WRKSHT B, PART III)						
104 UNIT COST MULTIPLIER					.008065	19.238905
105 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA S(MEALS SERVED)	MAINTENANCE PERSONNEL S(NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT)SING HRS	CENTRAL SERVICES & SUPPLY NR(COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY R(GROSS CHARGES)
	11	12	13	14	15	17
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT						
011 DIETARY	100					
012 CAFETERIA		371,764				
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY		9,824			100	
017 MEDICAL RECORDS & LIBRARY		14,075				152,392,570
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	100	114,370				7,744,405
035 NURSING FACILITY						
037 ANCILLARY SRVC COST CENTER OPERATING ROOM		186,497				79,100,650
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY		3,188				4,456,615
041 RADIOLOGY-DIAGNOSTIC		9,111				6,445,214
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY						2,313,125
050 PHYSICAL THERAPY		32,605				4,785,048
051 OCCUPATIONAL THERAPY		2,094				338,060
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						39,261,769
056 DRUGS CHARGED TO PATIENTS					100	7,947,684
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR)						
062 OUTPAT SERVICE COST CENTER OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)						
095 SUBTOTALS	100	371,764			100	152,392,570
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OPPORTUNITY						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	168,713	1,526,613			636,440	876,267
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.106404				.005750
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)	1,687.130000				6,364.400000	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)	129,010	316,845			259,502	56,141
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,290.100000	.852275			2,595.020000	.000368

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
35	ADULTS & PEDIATRICS NURSING FACILITY	7,115,505		7,115,505			
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	39,254,967	39,845,683	79,100,650	.254375	.254375	.254375
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,464,690	2,991,925	4,456,615	.101123	.101123	.101123
42	RADIOLOGY-DIAGNOSTIC	480,510	5,964,704	6,445,214	.266607	.266607	.266607
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
50	LABORATORY	1,325,455	987,670	2,313,125	.492472	.492472	.492472
51	PHYSICAL THERAPY	1,528,220	3,256,828	4,785,048	.510732	.510732	.510732
52	OCCUPATIONAL THERAPY	144,080	193,980	338,060	.334639	.334639	.334639
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	19,483,916	19,777,853	39,261,769	.503339	.503339	.503339
57	DRUGS CHARGED TO PATIENTS	3,548,239	4,399,445	7,947,684	.405161	.405161	.405161
58	RENAL DIALYSIS						
62	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS		628,900	628,900	1.731396	1.731396	1.731396
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	74,345,582	78,046,988	152,392,570			
102	LESS OBSERVATION BEDS						
103	TOTAL	74,345,582	78,046,988	152,392,570			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	79,100,650	.254375	.254375
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	4,456,615	.101123	.101123
42	RADIOLOGY-DIAGNOSTIC	6,445,214	.266607	.266607
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,313,125	.492472	.492472
50	PHYSICAL THERAPY	4,785,048	.510732	.510732
51	OCCUPATIONAL THERAPY	338,060	.334639	.334639
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	39,261,769	.503339	.503339
56	DRUGS CHARGED TO PATIENTS	7,947,684	.405161	.405161
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
62	OUTPAT SERVICE COST CNTRS			
	OBSERVATION BEDS (NON-DIS	628,900	1.731396	1.731396
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	145,277,065		
102	LESS OBSERVATION BEDS	628,900		
103	TOTAL	144,648,165		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	20,121,232	4,362,540	15,758,692	436,254	914,004	18,770,974
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	450,667	7,273	443,394	727	25,717	424,223
42	RADIOLOGY-DIAGNOSTIC	1,718,340	677,542	1,040,798	67,754	60,366	1,590,220
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,139,150	159,800	979,350	15,980	56,802	1,066,368
50	PHYSICAL THERAPY	2,443,878	592,633	1,851,245	59,263	107,372	2,277,243
51	OCCUPATIONAL THERAPY	113,128	2,635	110,493	264	6,409	106,455
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	19,761,988	152,716	19,609,272	15,272	1,137,338	18,609,378
56	DRUGS CHARGED TO PATIENTS	3,220,094	406,127	2,813,967	40,613	163,210	3,016,271
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
62	OUTPAT SERVICE COST CNTRS OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,088,875	333,067	755,808	33,307	43,837	1,011,731
101	SUBTOTAL	50,057,352	6,694,333	43,363,019	669,434	2,515,055	46,872,863
102	LESS OBSERVATION BEDS	1,088,875	333,067	755,808	33,307	43,837	1,011,731
103	TOTAL	48,968,477	6,361,266	42,607,211	636,127	2,471,218	45,861,132

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	79,100,650	.237305	.248860
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	4,456,615	.095190	.100960
42	RADIOLOGY-DIAGNOSTIC	6,445,214	.246729	.256095
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,313,125	.461008	.485564
50	PHYSICAL THERAPY	4,785,048	.475908	.498347
51	OCCUPATIONAL THERAPY	338,060	.314900	.333858
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	39,261,769	.473982	.502950
56	DRUGS CHARGED TO PATIENTS	7,947,684	.379516	.400051
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
62	OUTPAT SERVICE COST CNTRS			
	OBSERVATION BEDS (NON-DIS	628,900	1.608731	1.678435
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	145,277,065		
102	LESS OBSERVATION BEDS	628,900		
103	TOTAL	144,648,165		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				3,237,566		3,237,566
101	TOTAL				3,237,566		3,237,566

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,989	2,519			463.24	1,166,902
101	TOTAL	6,989	2,519				1,166,902

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					6,989	
35	NURSING FACILITY						
101	TOTAL					6,989	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 15-0160
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/17/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,519
35	NURSING FACILITY		
101	TOTAL		2,519

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			79,100,650			11,518,580	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			4,456,615			524,565	
42	RADIOLOGY-DIAGNOSTIC			6,445,214			137,500	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,313,125			607,550	
50	PHYSICAL THERAPY			4,785,048			640,710	
51	OCCUPATIONAL THERAPY			338,060			65,615	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			39,261,769			9,984,655	
56	DRUGS CHARGED TO PATIENTS			7,947,684			1,355,651	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
62	OUTPAT SERVICE COST CNTRS			628,900				
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS TOTAL			145,277,065			24,834,826	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	6,557,120					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	392,090					
42	RADIOLOGY-DIAGNOSTIC	991,675					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	68,065					
46	PHYSICAL THERAPY	1,735					
47	OCCUPATIONAL THERAPY	595					
48	SPEECH PATHOLOGY						
49	ELECTROCARDIOLOGY						
50	ELECTROENCEPHALOGRAPHY						
51	MEDICAL SUPPLIES CHARGED	1,387,413					
52	DRUGS CHARGED TO PATIENTS	573,580					
53	RENAL DIALYSIS						
54	ASC (NON-DISTINCT PART)						
55	OUTPAT SERVICE COST CNTRS						
56	OBSERVATION BEDS (NON-DIS						
57	OTHER REIMBURS COST CNTRS						
101	TOTAL	9,972,273					

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0160		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 10:54

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: INDIANA ORTHOPAEDIC HOSPITAL, LLC 15-0160 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 5/27/2009 TIME 10:54

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-278,321	56,749	0	
100	TOTAL	0	-278,321	56,749	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	719
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,514.43
85	OBSERVATION BED COST	1,088,875

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	10,584,347		1,088,875	
87	NEW CAPITAL-RELATED COST	3,237,566	.305882	1,088,875	333,067
88	NON PHYSICIAN ANESTHETIST	10,584,347		1,088,875	
89	MEDICAL EDUCATION	10,584,347		1,088,875	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,299,063	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	9,299,063	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		557,972
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	9,857,035	
17 PRIMARY PAYER PAYMENTS	29,595	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,827,440	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	864,224	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	155,200	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	108,640	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	9,071,856	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	9,071,856	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,350,177	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-278,321	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,937,339
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	2,754,353
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,754,353

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	649,332
19	SUBTOTAL (SEE INSTRUCTIONS)	2,105,021
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,105,021
24	PRIMARY PAYER PAYMENTS	4,039
25	SUBTOTAL	2,100,982

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	81,070
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	56,749
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,157,731
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	1,002
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,156,729
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,099,980
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	56,749
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,172,564		2,099,980
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	9/ 8/2008	822,387		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		-822,387		NONE
4 TOTAL INTERIM PAYMENTS		9,350,177		2,099,980
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				56,749
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02	278,321	
7 TOTAL MEDICARE PROGRAM LIABILITY			9,071,856	2,156,729

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		728,785	
3	MEDICAL AND OTHER SERVICES		606,981	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		1,335,766	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,335,766	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			1
11	ANCILLARY SERVICE CHARGES		3,420,749	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		3,420,750	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		3,420,750	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		2,084,984	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,335,766	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,335,766	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,335,766	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,335,766	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,335,766	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)		-1,335,766	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		15,684,596		
2	NET INCOME (LOSS)		28,734,801		
3	TOTAL		44,419,397		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	MEMBERSHIP UNITS ISSUED	2,068,043			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,068,043		
11	SUBTOTAL		46,487,440		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DISTRIBUTIONS TO MEMEBERS	28,100,000			
14	PORTION OF NNS, LLC EQUIT	5,313,096			
15					
16					
17					
18	TOTAL DEDUCTIONS		33,413,096		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		13,074,344		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	MEMBERSHIP UNITS ISSUED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DISTRIBUTIONS TO MEMEBERS				
14	PORTION OF NNS, LLC EQUIT				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

